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PTO/SB/21 (01-08)

Approved for use through 03/31/2008. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/748,541
	Filing Date	December 29, 2003
	First Named Inventor	Vibeke STRAND
	Art Unit	1644
	Examiner Name	G. Ewoldt
Total Number of Pages in This Submission	30 pages + 7 refs.	Attorney Docket Number 252312007900

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (21 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO SB/08a/b + copy (2 pages)
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) (3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	(7) Seven references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP	(Customer No. 25226)
Signature		
Printed name	Alicia J. Hager	
Date	March 14, 2008	Reg. No. 44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377984975 US, on the date shown below in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: March 14, 2008

Signature:

(Sheila Salenga)



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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/748,541
		Filing Date	December 29, 2003
		First Named Inventor	Vibeke STRAND
		Examiner Name	G. Ewoldt
		Art Unit	1644
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	252312007900
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1,435.00</b>

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u>
Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>Fee (\$)</b>	<b>FILING FEES</b>	<b>SEARCH FEES</b>	<b>EXAMINATION FEES</b>	<b>Fees Paid (\$)</b>		
		<b>Small Entity Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Small Entity Fee (\$)</b>			
Utility	310	155	510	255	210	105	0
Design	210	105	100	50	130	65	0
Plant	210	105	310	155	160	80	0
Reissue	310	155	510	255	620	310	0
Provisional	210	105	0	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>					<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					210	105	
Multiple dependent claims					370	185	
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
69		44 = 25	x 625.00 =	25.00	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.					185.00	0.00	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
5		4 = 1	x 105.00 =	105.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =		/50 =	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month					525.00		
1801 Submission of Information Disclosure Statement					180.00		

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	Telephone 44,140
Name (Print/Type)	Alicia J. Hager	Date	March 14, 2008